GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2156
ANSWERED ON:06.05.2016
NHM
Godse Shri Hemant Tukaram;Mohammed Shri Faizal P.P.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of projects undertaken under National Health Mission (NHM), State/UT-wise including Maharashtra;

(b) whether the Government is aware of shortage of doctors and paramedical staff in various District Health Centres in the country;

(c) if so, the number of vacant posts in such health centres, State/UT-wise;

(d) the steps to be taken by the Government in this regard; and

(e) whether Government proposes to utilise the service under NHM of the nurses returned from United Kingdom and other countries, if so, the details thereof and the steps taken in this regard?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)
(a): National Health Mission (NHM) aims to improve the health status of the population. For this purpose, funds are allocated to States/UTs on the basis of approvals accorded to proposals contained in their State Programme Implementation Plans (PIPs). The approvals issued under NHM, State/UT wise including Maharashtra, are available at URL: http://nhm.gov.in/nrhm-in-state.html.

(b) & (c): As per Rural Health Statistics (RHS) 2014-15, State/UT-wise details of doctors and paramedical staff in District Health Centres, sanctioned and in position, is at Annexure.

(d): Public health being a State subject, the primary responsibility to ensure availability of healthcare facilities including adequate number of doctors and paramedical staff in public health facilities lies with the State Governments. However, under the NHM, financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for engaging of doctors and paramedical staff on contractual basis, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs).

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Support under NHM is also provided for multi-skilling of doctors, for giving hard area allowance to medical professionals for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas. Also, States are advised to put in place transparent policies of posting and transfer, and ensure rational deployment of medical professionals. As the posts required for health facilities are filled up by respective State/UT Governments, they are impressed upon from time to time to fill up the vacant posts.

Further, in order to encourage the doctors to work in remote and difficult areas, the Medical Council of India with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:

(i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas; and
(ii) Incentive at the rate of 10% the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.
The Government has taken the following steps to further augment the availability of doctors in the country:
I. The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry.
II. DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
III. Enhancement of maximum intake capacity at MBBS level from 150 to 250.
IV. Enhancement of age limit for appointment/extension/re-employment against posts of teachers/dean/ principal/director in medical

colleges from 65-70 years.
V. Relaxation in the norms for setting up of a medical college in terms of requirement for land, faculty, staff, bed/ bed strength and other infrastructure.
VI. Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats with fund sharing between the Central and State Government.
VII. Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country with fund sharing between the Central Government and States.
VIII. Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats with fund sharing between the Central Government and States.

(e): As stated above, public health is a State subject. States/UTs may engage nurses on contractual basis under the NHM as per the extant regulations.
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